



Bryce Canyon City

P.O. Box 640028 70 W 100 N
Bryce Canyon City, Utah 84764

Application for Donation Requests

Please Type or Print

Name of Organization or Person _____

Street Address, City, State, Zip _____

Contact Person Name and Title _____

Briefly describe the nature of your organization/program _____

State the purpose of your donation request, and how funds from The Chamber will be used

What is the dollar amount you are requesting? _____

What percentage of these funds will go directly to the service of your program? _____

Signature of Representative

Date

All Donation requests will be voted on at the next scheduled meeting. Meetings are held the first and third Tuesday of the month.

Bryce Canyon City Town Board Approval

_____ Donation Request Approved

_____ Rejected

Signature

Date